

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

09/871341  
RD - 28408

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 56            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 56 minus 20 = | 36                       |
| INDEPENDENT CLAIMS               | 7 minus 3 =   | 4                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

1-20,06

(Column 1) (Column 2) (Column 3)

| AMENDMENT                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                    |
|--|---|-------|---|-------------------------------------|
|  | Total                                     | Minus |   |                                     |
|  | 41  | Minus | 56  | <input checked="" type="checkbox"/> |
|  | 5   | Minus | 7   | <input checked="" type="checkbox"/> |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/>            |

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

|           |        |              |        |
|-----------|--------|--------------|--------|
| RATE      | Fee    | RATE         | Fee    |
| BASIC FEE | 355.00 | OR BASIC FEE | 710.00 |
| X\$ 9=    |        | OR X\$18=    | 648    |
| X40=      |        | OR X80=      | 320    |
| +135=     |        | OR +270=     | —      |
| TOTAL     |        | OR TOTAL     | 1678   |

OTHER THAN  
SMALL ENTITY OR SMALL ENTITY

|                    |                                     |                       |                          |
|--------------------|-------------------------------------|-----------------------|--------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE              | RATE                  | ADDI-<br>TIONAL<br>FEE   |
| X\$ 9=             | <input checked="" type="checkbox"/> | OR X\$18=             | <input type="checkbox"/> |
| X40=               | <input type="checkbox"/>            | OR X80=               | <input type="checkbox"/> |
| +135=              | <input type="checkbox"/>            | OR +270=              | <input type="checkbox"/> |
| TOTAL<br>ADDT. FEE |                                     | OR TOTAL<br>ADDT. FEE |                          |

| AMENDMENT                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|-------|---|--------------------------|
|  | Total                                     | Minus |   |                          |
|  |   |       | ..  | =                        |
|  |   |       | ..  | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |

|                    |                        |                       |                        |
|--------------------|------------------------|-----------------------|------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE | RATE                  | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=             |                        | OR X\$18=             |                        |
| X40=               |                        | OR X80=               |                        |
| +135=              |                        | OR +270=              |                        |
| TOTAL<br>ADDT. FEE |                        | OR TOTAL<br>ADDT. FEE |                        |

| AMENDMENT                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|-------|---|--------------------------|
|  | Total                                     | Minus |   |                          |
|  |   |       | ..  | =                        |
|  |   |       | ..  | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |

|                    |                        |                       |                        |
|--------------------|------------------------|-----------------------|------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE | RATE                  | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=             |                        | OR X\$18=             |                        |
| X40=               |                        | OR X80=               |                        |
| +135=              |                        | OR +270=              |                        |
| TOTAL<br>ADDT. FEE |                        | OR TOTAL<br>ADDT. FEE |                        |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.